

**The 6th TOMODACHI MUFG International Exchange Program**

**Application Form**

**Part I**

**For Applicant**

(Only typed applications will be accepted)

I have read the “Program Announcement” and agree with all the contents.

Yes  No

1. **Applicant Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (As it appears on your passport or on US passport application) | | | | |
| Last Name      　　　First Name      　　　　Middle Name | | | | |
| Home Address | | | | |
| City | | | State | Zip Code |
| County | Choose an item. | | | |
| Home Telephone Number | |  | | |
| Mobile phone Number | |  | | |
| E-mail Address | |  | | |

|  |  |
| --- | --- |
| 1. **Gender** | Male  Female |

|  |  |
| --- | --- |
| 1. **Date of Birth** | Click here to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Current Age** |  | **Age when program begins** (06/25/2017) |  |

|  |  |
| --- | --- |
| 1. **Grade in 2017-2018 School Year** |  |

|  |  |
| --- | --- |
| 1. **Citizenship (Country)** |  |

1. **High school in which you are currently enrolled**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of School | | | | | |
| Address | | | | | |
| City | | | | State | Zip Code |
| Tel |  | | Fax |  | |
| School website | |  | | | |
| Name of your Japanese Language Teacher  (if applicable) | | | |  | |

1. **Have you ever been to Japan?** Yes  No

If you answered “Yes,” please use the box below to share when you were in Japan, for how long, and for what purpose.

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| 1. **Native/First Language** |  |

1. **Language Proficiency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Proficiency** | **Other Languages** | **Proficiency** |
| **English** | Choose an item. |  | Choose an item. |
|  |  |  | Choose an item. |

1. **Have you ever studied the Japanese language?**  **Yes**  **No**

If you answered “Yes,” please use the boxes below to indicate where and for how long you studied Japanese.

|  |  |
| --- | --- |
| **Name of school or institution** |  |
| **Length of study** (MM/YY – MM/YY) |  |
| **Hours per week** |  |
| **Name of textbook used, if any** |  |

|  |  |  |
| --- | --- | --- |
| **12. Food or animal allergies** | |  |
| **Allergy** | **Severity** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **13. Meal restrictions, if any** |  |

**14. Have you participated in other programs hosted by the TOMODACHI Initiative or U.S. – Japan Council?  Yes  No**

If you answered “Yes,” please list the program(s) below.

|  |
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|  |

**14 Please compose a one page, single spaced essay, addressing the following three topics:**

* 1. Why do you want to participate in the 6thTOMODACHI MUFG International Exchange Program?
  2. What future role do you see yourself playing in the United States-Japan relationship?
  3. If selected, how would you share what you learned and experienced in Japan with your family, friends and classmates?

Please submit your essay in Word or PDF format along with the application.

Be sure to include your full name, school name, and email address on the essay.

**I hereby state that all information above is accurate and complete.**

|  |  |
| --- | --- |
| Signature of the applicant | Date of Signature |
|  | Click here to enter a date. |

**Part II**

**For Parent**

**Liability Release**

**(For Parent/Legal Guardian or Legally Authorized Representative)**

I give consent for my child to apply for “The 6th TOMODACHI MUFG International Exchange Program” to Japan from June 24, 2017, until July 9, 2017.

I agree and understand that the Host provides travel insurance with an upper limit on the coverage and do not bear any responsibility beyond the actual coverage of the insurance borne by the insurance company.

|  |
| --- |
| **Name of the Applicant** |
| Family Name      　　　First Name      　　　　Middle Name |
| **Name of the Applicant’s Parent/Legal Guardian or Legally Authorized Representative and relationship to the applicant** |
| Full Name       Relationship |
| **Signature of the Parent/Legal Guardian or Legally Authorized Representative** |
|  |
| **Date of Signature** |
| Click here to enter a date. |

Note: If the applicant is selected to participate in this program, the applicant, and his or her parent/legal guardian or legally authorized representative will receive an “Acceptance Form”, Permission for Emergency Medical Treatment Form and Waiver Form to agree to the program’s terms and conditions, which must be signed in order to participate in the exchange program. He/she also needs to submit Health Certificate.

**Part III**

**For Teacher**

**Teacher Recommendation:**

**Instructions for the Applicant**

In order for your application to be considered complete, you must have a teacher submit a Teacher Recommendation form and evaluation letter on your behalf. Please submit a Teacher Recommendation through the JASSC website at <http://www.jas-socal.org/Tomodachi-MUFG>**.**

**Your teacher must submit the completed recommendation form and letter by the application deadline, March 27, 2017 at 11:59PM (PDT).**

|  |
| --- |
| **Name of the person providing the Recommendation Letter** |
| Name |
| Email |
| Relationship to Applicant |

**Check List**

**For Applicant**

The application must be submitted electronically to [**tomodachi.MUFG@jas-socal.org**](mailto:tomodachi.MUFG@jas-socal.org)by **Monday, March 27, 2017 at 11:59pm (PDT).** Please make sure you submit all the documents listed below.

Application (Part I by Applicant)

Liability Release (Part II by Parent or Legal Guardian)

Teacher Recommendation (Part III by Teacher) \* To be submitted by the teacher

Copy of your Current High School Transcript

If you have any questions, please contact the program coordinator, Kentaro Moridaira, at the Japan America Society of Southern California at [tomodachi.MUFG@jas-socal.org](mailto:tomodachi.MUFG@jas-socal.org) or at (310) 965-9050 ext. 106.